

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/572798 FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1					51					
2	1		1					52					
3	2		1					53					
4	1		1					54					
5	1		1					55					
6	1		1					56					
7	1		1					57					
8	1		1					58					
9	3		1					59					
10								60					
11								61					
12								62					
13								63					
14								64					
15								65					
16								66					
17								67					
18								68					
19								69					
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29								79					
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31								81					
32								82					
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35								85					
36								86					
37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.		↓	3	↓		↓		TOTAL IND.		↓		↓	↓
TOTAL DEP.		←	6	←		←		TOTAL DEP.		←		←	←
TOTAL CLAIMS		9	9					TOTAL CLAIMS					